



Health Services

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January 16, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director

SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY
LA ENROLLMENT AND THE 1115 MEDICAID WAIVER**

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Director

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Chief Medical Officer

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On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched program. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates.

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Program Termination

California's Low Income Health Program (LIHP) ended at 11:59 pm on December 31, 2013 consistent with the provisions of the State's "Bridge to Reform" 1115 Medicaid Waiver Demonstration Project. Los Angeles County's LIHP program, known as HWLA Matched, thus ended at the same time. Uninsured county residents are no longer able to enroll into HWLA Matched because HWLA enrollees were transitioned to Medi-Cal as of January 1, 2014.

HWLA Enrollment and Medi-Cal Transition

As of the end of December 2013, the State notified DHS that there were 304,117 HWLA members officially enrolled in the program, according to their records (i.e., Medi-Cal Electronic Data System). The vast majority of these members were successfully and smoothly transitioned to Medi-Cal managed care where they were enrolled into a

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health plan (either LA Care Health Plan or Health Net). Anyone who was enrolled in the State's database by December 20, 2013 automatically transitioned into Medi-Cal managed care. Anyone enrolled after that date was transitioned temporarily into fee-for-service Medi-Cal and will eventually transition into Medi-Cal managed care consistent with the regular managed care enrollment process and timeframe. DHS is working closely with the State to address any HWLA members who may not have transitioned. DHS along with the Department of Public Social Services (DPSS) will continue to work diligently to disposition all remaining pending cases as quickly as possible. In addition, DHS is working closely with the health plans to ensure that HWLA enrollees who have transitioned into Medi-Cal and need continuity of care are able to continue receiving services from their providers pursuant to continuity of care provisions.

DHS and DPSS Partnership

Much of the success of the HWLA program enrollment strategy is due to the strong collaboration between DHS and DPSS. As noted above, DHS and DPSS will continue their partnership to disposition all remaining HWLA pending cases.

OUTREACH ACTIVITIES

HWLA

Focus on HWLA enrollments continued up until the end of the program, with community-based enrollment events occurring until the end of December. With the termination of the HWLA program and the transition of the population into Medi-Cal, DHS and the Everyone on Board Coalition are turning its attention to outreach and enrollment in Medi-Cal and Covered California throughout Los Angeles County for 2014. The Everyone on Board Coalition has grown to include almost 50 organizations and four County departments.

Medi-Cal

The State Department of Health Care Services (DHCS) in partnership with The California Endowment (TCE) both contributed \$12.5 million in funding to support Medi-Cal outreach efforts and enrollment, for a total of \$25 million available statewide to counties. The outreach and enrollment activities are targeted to eligible populations that are not yet enrolled into Medi-Cal, such as: (1) persons with mental health or substance use disorder needs, (2) homeless persons, (3) young men of color, (4) persons in county jail (upon release), county probation, or under post release community supervision, (5) families of mixed-immigration status, and (6) persons with limited English proficiency.

Los Angeles County submitted a grant application in November 2013 and requested a total of \$10 million for this grant. The application was a joint effort between the departments of DPH, DHS, DMH, DPSS, and the Sheriff. Through the combined effort

of these five Departments, Los Angeles County intends to reach all seven target populations. It is anticipated that grant funds will be awarded before the end of January 2014.

Consumer Protection

The expansion in the availability of health care insurance has the potential to lead to others taking advantage of unsuspecting people, especially younger and older populations. DHS in partnership with the Los Angeles Department of Consumer Affairs (DCA) and key Everyone on Board advocacy groups, created an easy-to-read brochure in English and Spanish that helps individuals enrolling in health coverage suspect, identify and report fraud. The materials highlight important facts such as: (1) it is always free to apply for health care, (2) never give your credit card numbers, bank account numbers, passwords or PIN numbers to strangers, (3) never provide personal health information, (4) Medicare recipients do not need supplemental health coverage and (5) the importance of asking for the identification of enrollers. These materials are being distributed at community-based events and DCA offices, and are also available on the DHS website: <http://dhs.lacounty.gov/wps/portal/dhs/healthreformandyou/>.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, Community Partners (CPs), and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers (PCPs) and specialists to exchange consultations in a "store and forward" manner. We began the eConsult roll-out on July 18, 2012. As of December 31, 2013, we currently have the following 16 specialties on eConsult: Cardiology, Dermatology, Diabetes, Endocrinology, Gastroenterology, Gynecology, Hematology, Hepatology, Nephrology, Neurology, Obstetrics, Ophthalmology, Otolaryngology (ENT), Podiatry, Rheumatology, and Urology. DHS is making steady progress to add additional specialties and we expect the majority of remaining specialties to be on eConsult by the end of June 2014.

At the end of last calendar year, 1,488 primary care providers have been trained and are using the eConsult system, which includes all 40 of the DHS facilities and 118 CP clinic sites. As of December 31, 2013, more than 52,000 eConsults have been exchanged through the system. We are currently seeing an average of 1,400 eConsults every week.

Between January and June of 2014, we anticipate bringing on all the remaining CP clinic sites, which will add approximately 100 additional PCP submitters. The show rate remains around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70%.

The positive impact of eConsult is being expressed by our CPs. One of the CP Medical

Directors recently remarked that "eConsult has been literally transformative in many problem areas".

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

As you know, an important component of the Section 1115 Medicaid Waiver is the Delivery System Reform Incentive Program (DSRIP), a pay-for-performance initiative that challenges public hospital systems to meet specific benchmarks related to improving health care access, quality and safety and outcomes. There are five major DSRIP program categories, which include: improving our system's infrastructure to provide care, implementing innovations such as the medical home and co-located mental and physical health clinics, measuring population health, improving clinical inpatient quality, and optimizing the delivery of HIV care.

After a successful Demonstration Year (DY) 8 (July 2012 through June 2013) in which DHS surpassed performance targets on 62 of 64 milestones, clinical leadership at the hospitals and ACN are developing new strategies for meeting even more ambitious performance targets set by CMS in DY9. Also new in DY9, DHS is initiating an inpatient project that improves stroke management. We look forward to reporting back to the Board on our progress when we prepare our DY9 mid-year report in March 2014.

CONCLUSION

The HWLA program has now successfully come to an end, therefore, this will be the last Quarterly HWLA report. We will keep the Board apprised of future developments regarding the Waiver via the regular Affordable Care Act reports to the Board. If you have any questions, please contact Tangerine Brigham, Deputy Director of Managed Care Services, at (213) 240-8182 or Christina Ghaly, Deputy Director of Strategic Planning at (213) 240-7787.

MHK:TB:jp

c: Chief Executive Office
County Counsel
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Department of Mental Health
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Department of Public Social Services